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IRVINE, CA 926	14					(Depositor's name
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APPLICATION NO.	FILING DATE	FIRST NAME		D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/612,529	07/02/2003		RYAN	J. SNODGRASS	ZNET.090A	5273
ITLE OF INVENTION:	PREDICTIVE PREFETCE	ING TO IMPROV	VE PARALI	LELIZATION OF DOCUME	NT GENERATION SUBTA	ASKS
APPLN. TYPH	SMALL ENTITY	ISSUE FER		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440		\$0	\$1440	02/21/2008
EXAMINER		ART UNIT		CLASS-SUBCLASS	]	
TECKLU, IS.	AAC TUKU	2192		717-106000		
. Change of correspondence address or indication of "Fee Address" (37 FR 1.563).  □ Change of correspondence address for Change of Correspondence Address form PTONSH122) attached.  □ "Fee Address" indication (or "Fee Address" Indication form PTONSH27, Rev 0.3-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single fifth other page a nemeber a (2) the name of a single fifth other hamses of up to 2 registered patent attorneys or agents. If no name is stude, no name will be printed.			
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PLEASE NOTE: Unle recordation as set forth	in 37 CFR 3.11. Completion	of this form is NO		to ming an assignment.		
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